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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
JUL 30 11 09 AM '67  
OFFICE O. C. C.

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
**FRANKLIN, ASTON & FAIR, INC.**  
Address  
**P. O. Box 1090, Roswell, New Mexico 88201**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**Casinghead Gas connected to pipe line.**  
If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Val State** Well No. **2** Pool Name, Including Formation **Todd Lower San Andres** Kind of Lease **State, Federal or Fee State** Lease No. **06-1617**  
Location  
Unit Letter **B** ; **660** Feet From The **north** Line and **1980** Feet From The **east**  
Line of Section **30** Township **7S** Range **36E** , NMPM, **Roosevelt** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Mobil Pipe Line Company** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 900, Dallas, Texas**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**Cities Service Oil Company** Address (Give address to which approved copy of this form is to be sent)  
**c/o Mr. M. R. Smith, Bluff Gasoline Plant, Milnesand, New Mexico 88125**  
If well produces oil or liquids, give location of tanks. Unit **J** Sec. **30** Twp. **7S** Rge. **36E** Is gas actually connected? **Yes** When **6-29-67**

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_  
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

GAS WELL  
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE  
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
**Geologist**  
**June 29, 1967**  
OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.